PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 should UNFADING INK-THIS AGE carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH County VII

6025

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lage or C	by Crix	iely	(No. 9	S. 4

St.; Ward)

If death occurred in a hospital or Institution, give its NAME instead of street and number.]

	FULL NAME	vvvvv S	10000000
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	Male Negro Street Warner	16 DATE OF DEATH June (Month)	16 ,1914 (Day (Year)
6 D	ATE OF BIRTH Would (Day (Year)	that I last saw have alive on and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	ed above, at 6 P. m
(a pa (b)	CCUPATION) Trade, profession, or Common lubrorer riticular kind of work) General nature of industry, siness, or establishment in Hauling for ortanger	Apollopy n	ephritis 2
_	ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF TO A COUNTRY (State or country)	Contributory Copley Secondary (Buratley)	yrs mos 14 ds
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14	*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidat, or Highicidat.	or, in deaths from Violentiand (2) whether Acciden
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death	s, Institutions, Transients
	(Informant) Muggie adams G S 4 th Ct be dela	Where was disease contracted, if not at place of death? Former or usual rosidence	DATE OF OUR
16	(Address)	1 Lawsonia	Jame 13, 1914

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of ago. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to stide and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallymia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (mercly symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated upless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of State cause for Never report



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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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fit death occurred in a hospital or Institution, give its NAME instead

FULL NAME ASSILLOW	Dellawood
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARKED Maries Miche Widowed, OR DIVORCED (Write the word) (Month) (Day (Year) (Month) (Day (Year) 1 LESS than 1 day,hrs. OR	(Month) (Day (Year)) I hereby Certify, That I attended deceased from 1914; to 1914, that I last saw has alive on 1914, and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was a follows:
de, profession, or lar kind of work	(Duration) yrs mas 2 ds

Seconda

9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

THE ABOVE

(Address)

15 REGISTRAR

CAUSES, TAL, SUI	cidal,	(1) MEANS or HOMICI	DAL.	INJURY;	and	(2)	whether	Acc
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(Duration)

OR RECENT RESIDENTS)	JOHN KEO, INC	IIIOIIONS	INANSIEN	rs,
At place of death yrs mos ds. Where was disease contracted,	In the State	yrs,	mos	ds

It not at place of death? Former or

usual residence

20 MN DEAT

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orthe Peruelon	June 10 1914
AK (R)	ADDRESS)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 202

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Accidental, suicidal, or Homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (seeondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (seeondary or intercurrent) State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. Is that it may be properly classified. Exact statement PERMANENT 4 UNFADING INK-THIS IS See instructions on back of certificate. DEATH in plain terms, so PLAINLY, WITH Item of information should be WRITE Every Item CAUSE OF Important. S

N. B.

PHYSICIANS should state of OCCUPATION IS very

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PLASE OF DEATH
County Someon
Village or City Man

(104)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

 St.	 	W	ard	0	

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenush Colenal Single, Married, Wilowed, Or Divorced (Write the World)	16 DATE OF DEATH 6- 31-, 1914 (Month) (Day (Year)
TAGE (Month) (Day (Year) TAGE (Month) (Day (Year) TAGE If LESS than t day,hrs. ORmin.? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	17 I HEREBY CERTIFY, That I attended deceased from
OF FATHER OF SOUTH OF FATHER OF MOTHER OT MOTHER OF MOTH	Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Carrie Dile 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs ds. State yrs ds. Where was disease contracted, If not at place of death? for at place of death?
(Address) Muniufus 15 Filed 132 ,191 4 3 . J. Adduss REGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL OF SURIAL OF BURIAL OF BURIA



[Approved by U. S. Census and American Public Health Association.]

additional liue is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on aecount of the nisease of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-Spinner, If retired from business, that faet may be indi-Women at home, who are engaged in the .Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the Insease causing death—Name, first, the insease causing death—Name, first, the insease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenela. "Contributory." sepsis, tetanus) injury, as fraeture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," ete. childbirth or misearriage as "Puerperal septichae ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," Bronchopneumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) may be stated under the head of (Recommendations on statement of State cause for For vio-



V. S. No. 1.

N. B.

		state
		Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact etatement of OCCUPATION is very Important. See instructions on back of certificate.
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PLACE OF DEATH 6028



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Ut Vercon No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WISOWER WISOWER (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
(Month) (Day) (Year)	that I last saw h Cyalive on June 9, 1914
7 AGE It LESS than t day, hrs. or min. ?	and that death occurred on the date stated above, atm, The CAUSE OF STATH'* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER CLUE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted.
(Informant) Focus Cacuser (Address) Fucció	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL VICTORY 28 ON DERTAKÉR ADDRESS LUCY LU

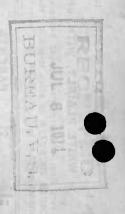
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as galufully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS -state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpresal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measies (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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1 PLACE OF DEATH County.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

Ilt death occurred in a hospital or institution, give its NAME Instead

of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. true 191. WIDOWED. (Day (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 191 to (0) that I last saw h (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State (or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. _ Where was disease contracted. 14 THE ABOVE 46 If not at place of death? Former or (Intormant) usual residence 19 PLACE OF BURIAL OR REMOVACE 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Filed.



[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., who have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For VIO-



ADING

Very statement pe may certifical 9 terms, should plain Instructions DEATH See of

7 AGE

ARENTS

15

BOCCUPATION (a) Trade, profession, or particular kind of work.

(b) General nature of industry.

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS

(informant)

OF FATHER

OF MOTHER

(State or country) 12 MAIDEN NAME

which employed (or employer)

SICIANS should occupation is PHYSICIANS AGE supplied.

RECORD

PERMANENT

1 PLACE OF DEATH



It LESS than t day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St :----Ward)

Iit death occurred in a hospital or institution. give its NAME instead of street and number. I

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED, OLL DRDIVDRCED (Write the word) (Month) HEREBY CERTIFY, That I attended decessed from (Day

OF MY KNOWLEDGE

REGISTRAR

that I last saw h alive	on	, 191
and that death occurred on The CAUSE OF DEATH* w	the dete stated above	s, atn
The CAUSE OF DEATH* w	as as follows!	
Brobobly B	melo Tun	una naa
	(Duration)yrs.	mos. A d
Contributory		*******
0.1.	(Duration)yrs	d

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

(Address) Princess ann

18 LENGTH	F RESIDENCE (FOR	HOSPITALS,	INSTITUTIONS,	TRANSIENT
At place	WEGIDER 197	in the	4,	

ot death yrs. mos. ds. State yrs. Where was disease contracted.

If not at place of death?.....

Former or usual residence.

(Signed)

OF BURIAL

20 UNDERTAKER

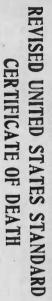
ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ŝ WRITE

CAUSE OF

mportant.

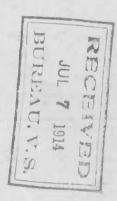


[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," -Coal (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N.B.

PLACE OF DEATH County Somessel Village or City Onsfell (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from [191
** TAGE If LESS than 1 day,	and that death occurred on the date stated above, at 10 0 mm The CAUSE OF DEATH* was as follows:) Difficult burth Instrumental culcumuse (Buration) yrs mos ds.
9 BIRTHPLACE (State or country) asfary Desinch Mis	Contributory Secondary (Doration) yrs mos ds
10 NAME OF FATHER GENGE CALLED 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDÉN NAME OF MOTHER OLEVA C. Lovi 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Address) (Address) (N. D. *State the DISEASE CAUSING DEATH, or, the deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds
(Interment) (Address) (Address)	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL Crisfield 20 UNDERTAKER Lawson Lowson

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from



June

16

estefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be esrefully sur CAUSE OF DEATH in pisin terms, so that it mis important. See instructions on back of certificate. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

	Registration Dist, No. 208
VIIIage or City CHANCE MU (No. 150)	St.; Ward) [If death eccurred is a hospital er lostitution, give its NAME lestead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, With the word)	16 DATE OF DEATH JUN 1 4 1914 ,191 (Month) (Day (Year)
TAGE TAGE	TEB 22 1914, 191 to JUN 1 4 1914, 191 that I last asw here slive on JUN 1 4 1914 191 and that death occurred on the date ateted above, at 22 m
B OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature et industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Contributory Contributory
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (CHANCE M) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if set at place of death? Former or usual residence.
(Address) CHANGE/MU	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Forcman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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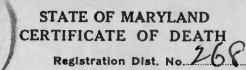


V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

6033 1 PLACE OF DEATH County.



St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Oligibeen	e, Cozas of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowe or Divorged (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH OCT 10 , 83	that I last saw hand alive on the last saw hand
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) Lower Curicular curicular curicular kind of work.	of Sifaile deary
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) / yrs mos ds.
State or country) Morfloud, Somuel	Contributory Secondary (Doration) yrs mos ds.
10 NAME OF John Wilson	(Signey) The state of the state
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of MOTHER Clize teel Welso	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Motflow	At place In the ot death yrs mos ds. State yrs, mos ds
(Informant) COTAL STRUETO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, It not at place of death? Former or usual residence
(Address) Peals Folder Wil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 1914
Filed	20 UNDERTAKER LA
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto, Requesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

2

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second additional line is provided for the latter statement; for many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: causing dearn, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid oneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meusles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head State cause for Never report For vio-



RECORD Exact statement PERMANENT stated EXACTLY. properly classified. should UNFADING INK-THIS AGE carefully supplied. may that it PLAINLY, WITH be Item of Information should b E OF DEATH in plain terms. CAUSE OF

PHYSICIANS shoul certificate. ō on back See Instructions

PLACE OF DEAT



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26/

rlde	St.;Ward)	[It death occurred In a hospital or lostitution, give its NAME Instead of street and number.]
RS	MEDICAL CERTIFICATE OF	F DEATH
arried		, 191.4.
rd)	(Month) 17 I HEREBY CERTIFY, That I	
, 1339 (Year)	that I last saw h alive on	
It LESS than I day,hrs.	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm
ORmin.?	Chronic get uplinte	an
***************************************	Ay grattle Description	
***************************************	Contributory struc Schusing Secondary Mys Condition (Doration)	
in)	(Signed) Junga Could June 11, 191 / (Address) Mass	vur, M. D.
	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; an Tal, Suicidal, or Homicidal.	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the of death	
EDGE	Where was disease contracted, If not at place of death? Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
REGISTRAR	20 UNDERTAKER	ADORESS

PERSONAL AND STATISTICAL PARTICUL. 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the wo OATE OF BIRTH (Month) (Day TAGE 35

6034

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of Industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

PARENTS

Important.

1.8

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82

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallyample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Chronic interstitial nephritis, State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

SICIANS shoul PHYSICIANS FNT PERMAN AGI supplied. pe may DIN certifica that terms, pino plain Instructions 5 DEATH ō CAUSE OF Important.

1 PLACE OF DEATH County. ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) .. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or |country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

It death occurred in St :... .Ward) a hospital or Institution. give its NAME instead of street and number. 1

...., 191...

ADDRESS

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 191 me (Month) (Dav (Year I HEREBY CERTIFY, That I attended deceased from Wally on that I last saw h ... and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Signed) Vo man *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



RECORD PERMANENT UNFADING WITH

state Very SICIANS should OCCUPATION IS PHYSICIANS classified. properly certificate. that ö back terms, should plain Instructions 5 DEATH 50 Item OF mportant. CAUSE



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No... Ilt death occurred in St.:---Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, 3 SEX DATE OF DEATH MARRIER WIDOWED: (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above, at t day,.....hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) -Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, mos. fs Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS

REGISTRAR

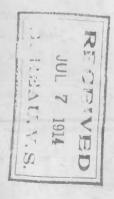
If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, Irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, cated thus: been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons write None. "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopnoumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Canture of the Americau Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the genital," The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," (Recommendations on statement of etc.), "Dropsy," "Exhaustiou," Never report



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CSICIANS should OCCUPATION IS PHYSICIANS classifled. 0 Instructions 5

OF Every Item CAUSE OF Important.

RECORD

PERMANENT

1 PLACE OF DEATH County Sommerset



STATE OF MARYLAND CERTIFICATE OF DEATH

464

	Registration Dist.	No. A. O. /
Village or City When Fairmounto	St.;Ward)	[It death occu

01 give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ., to... (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, st. 7.50 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory.. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE 26 1914 (Address) // OM och ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death State yrs. ____ mos. _ yrs. mos. Where was disease contracted. it not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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No. 202

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100 PHYSICIANS should of OCCUPATION IS PHYSICIANS RECORD Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe pinous INK-THIS AGE carefully supplied. UNFADING certificate. ō WITH pe See instructions on back plain terms, should PLAINLY, of information DEATH in WRITE item **P** Every item CAUSE OF Important.

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6038 1 PLACE OF DEATH County....



STATE OF MARYLAND

County De	went 1	CERTIFICATE OF DEATH
P	0	Registration Dist. No. 3
Village or City OT	esfield (No.	St.; Ward) If death occurred in a hospital or institution,
²FULL NA	ME Estract	give its NAME instead of street and number.]
PERSONAL A	ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COI	LOR OR RACE Single, Married, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from Jane 1914, to Jane 3, 1914,
***************************************	(Month) (Day (Year)	that I last saw har alive on June 13, 1914
TAGE 3 9	If LESS than 1 day,brs. yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Walerman	Baule Dhilling
(b) General nature of Industry business, or establishment which employed (or employer)	in the state of th	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	Somersel Co. Md	Secondary Secondary
10.NAME OF FATHER	The Mainer	(Signed) lo E Collein, M. D.
OF FATHER (State or count.	r, Somener Co	*State the Disease Causing Dearn, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
C (State or count W 12 MAIDEN NAME OF MOTHER	June Huelos	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or count	(1) Somery Co	At place of death yrs mos. 13 ds. State 39 yrs mos ds

DATE OF BURIAL

20 UNDER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

MY KNOWLEDGE



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

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S. No.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

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	in a	
	PLACE OF DEATH 6039	STATE OF MARYLAND
	ounty Surveyort 10	CERTIFICATE OF DEATH
C.	1 0	Registration Dist, No. 26 P
v	Mara an City So harris 15	[It death occurred in
	(No.	St.; Ward) a hospital or Institution, give its NAME lostead
	2 FULL NAME Chartelle	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	mannies,	16 DATE OF DEATH
0	WIDOWED, ORDIVORCED (Write the word Marrie	(Month) (Day) (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	Nov 9, 183	9 1917, to 1914,
7 A	(Month) (Day) (Year	
~ ~ ~	74 G _ 1 day,h	mind that death occurred on the date stated above at
	yrsmosds. ORmio.	Chris Stonachis and
(a)	CCUPATION Trade, profession, or	9-1-1-1
	General nature of industry.	commay variety
bus	ness, or establishment in	(Doration) 30 yrs mos ds.
	Ch employed (or employer)	Contributory Emacration
(8)	RTHPLACE (ate or country)	(Secondary)
	10 NAME OF FATHER	(Signed) (Signed) (Signed) (Signed)
S	Jone 1 tones	- 1
ENT	OFFATHER (State or country)	Jerry 24, 1914 (Address) Monday Ma
ARE	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER Milky a. Rowe	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEMTS
	13 BIRTHPLACE OF MOTHER	At place In the
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,

_	^	tion) 3.0.		
Contributory (Secondary)			yrs	
(Signed)		16h		
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM	NS OF INJU	EY; and (deaths fro 2) whethe	m VIOLEN
18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death yrs mos Where was disease contracted, it oot at place of death?	ds.	In the State,		
Former or usual residence	**************************	00000000000000000000000000000000000000		
18 PLACE OF BURIAL O		L D	THE OF B	
20 UNDERTAKER	Ebsi	w L	20000	21
				TLAL

If more blanks are needed, address State Regis

REGISTRAR

[Approved by U. 8. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry; and therefore cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic--Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ____ Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion,



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RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

ADDRESS

If death occurred in a hospifal or Institution, give its NAME instead of street and number.]

.....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191..... to (Day) (Year) (Month) If LESS fhan 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR. min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER S (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. mos. Where was disaase confracted. 14THE ABOVE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Acation, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman." (0)

Statement of cause of death—Name, first, the diberable causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, pertionaeum, etc.. Carcinoscip

scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turrerral scottchace etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Mcdicai Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of "Traemia," "Weakness." (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-



No. 1.

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N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	COLL	100			
	PLACE OF DEATH, 004	(A		STATE OF MA	RYLAND
	ounty Somerset	1120		CERTIFICATE (OF DEATH
G	ounty Domerser	U		Registration D	ist. No.
٧	Illage or City Osisfield (No.	of a	Painel	St.;Ward	if death occurred la hospital or Institution give its NAME lostea of street and nomber.]
	* FULL NAME / WORLD			PRIALL APPTICALLY	
	PERSONAL AND STATISTICAL PARTICULARS			EDICAL CERTIFICATE O	F DEATH
3 51	Male Ithile Single, Marrieo, M	ned	16 DATE OF DEA	(Month)	(Day), (Year)
6 D	ATE OF BIRTH ON 3/21	1849	·	, 191, to	, 191
7 A	64 4 1	(Year)/ If LESS than day, hrs. Rmln.?	and that death oc The CAUSE OF D	curred on the date stated	1
(a) pai (b) bus	CCUPATION) Trade, profession, or Massine ritcular kind of work General nature of Industry, Marchingan one is iness, or establishment in line fleaniboals in employed (or employer) notable	CLA.	dend	m su	b tout
	IRTHPLACE Crabber in Sun tate or country) Mayland	nuer	Contributory (Secondary)		
S	10 NAME OF John David		(Signed) J.	J. Surve	yrs mos ds
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		TAL, SUICIDAL,		
4	13 BIRTHPLACE OF MOTHER (State or country) Maryland		At place of death yrs	mos. ds. lo the State	
	(Informant) Mrs. Julia Daugher	GE	Former or usual residence	?	
15	(Address) Maskington .	O, C,	19 PLACE OF BUE	HIAL OF REMOVAL	PATE OF BURIAL
1 5 Fil	June 4 194 14C. E. Collins		20 UNDERTAKER	(emelary)	ADDRESS

Crespela If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

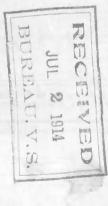
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But ln many cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should state

RECORD

PERMANENT be stated EXACTLY.

Exact statement of OCCUPATION is very

may be properly classified.

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See instructions on back of certificate.

DEATH in plain terms.

Every Item of Information CAUSE OF DEATH In pial Important. See Instructions

N. B.

WRITE



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...Ward)

[If death occurred in a hospital or Institution, give its NAME Instead ot street and nomber.]

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² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RICE MARRIED, WILOW WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
Murch 1830 (Month) (Day (Year)	that I last saw hav allve on June 24, 1914
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, st. 9 50 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (buseway)	of distultion
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos/ 7 ds.
9 BIRTHPLACE (State or country) Some set MP 10 NAME OF FATHER Saac Lawson 11 BIRTHPLACE (State or country) asfurn Mbl. 2 Maiden NAME OF MOTHER NAME OF MOTHER NAME OF MOTHER	Contributory Secondary (Destion) YES. (Signed) (Signed) (Address) *State the DISEASE CAUSING DEATH, A, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Asburn 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or
(Address) Crisfield Mr. Filed MMe27, 19114 & E. Collins REGISTRAR	Asbury Cemetry 20 undertaker I. S. Lawson Lossidence Date of Burial June 26, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

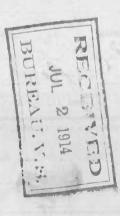


[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of ill-For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," the second (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Stable Lower (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 263 [It death occorred I a hospital or lostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 BINGLE, MARRIED COLORS WISOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
Conth (Month) (Day) (Year)	that I last saw h water on 191
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 120 Pm The CAUSE OF DEATH was as follows:
CCUPATION (a) Frade, profession, or particular kind of work	(Duration) yrs mos ds
State or country)	(Secondary) (Derayon) (Secondary) (Secondary)
10 NAME OF Clearlie funder 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Signed) (Address) State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER THE CSTATE OF COUNTRY) THE CSTATE OF COUNTRY)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
Informant) Address Address Address	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURFAL OR REMOVAL DATE OF BURFAL ATTEMPT BURFAL 191 4
Filed Jun 3 1914 Milmaist	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

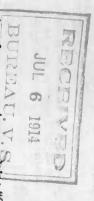
V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-



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V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should of OCCUPATION IS properly classified. Exact statement stated EXACTLY. AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o m i ż

PLACE OF DEATH
County Samuel
Village or City morro





STATE OF MARYLAND CERTIFICATE OF DEATH

	,	Registration Dist. No. 2 6
Vii	lage or City none (No	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Funnale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
	May 36, 1914 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 30, 1914, to 5, 1914 that I last saw her alive on June 5, 1914
(a) pai (b) bus	yrsmosds. 1 day,hrs. ORmin. ? ORmi	and that death occurred on the date stated above, at //-43-7m The CAUSE OF DEATH* was as follows: Setting # Ey framestram (Ouraflon) yrs mos ds.
	ch employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER S. Garden Mossey	Contributory Secondary (Boraflon) yrs mos ds. (Signed) Sa, B, alle M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Somersel Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
14 T	(Informant) Marion My Knowledge (Address) Marion My (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	ed 6/6 191 4 7-2. adems	Sh Pauls Cente 20 UNDERTAKER Shirmons Bro Coromolic trar, 6 E. Fraaklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carein-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

S. No. 1.

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS certificate. See instructions on back of WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

1 PLACE OF DEATH

County.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City Weston	(No,	••••••••••••
------------------------	------	--------------

....St.;.....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of sfreet and number.]

	FULL NAME In four-	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ennele, Col Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw har allve on Jan 4 ,1914
7 A	If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at/10°Q, m. The CAUSE OF DEATH* was as follows: Quete replication
pa (b bu wh	1) Trade, profession, or articular kind of work	Contributory Secondary (Burstles)
	10 NAME OF Richard Prices.	(Signed) Clies G. M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	OF MOTHER Heronitta Wilson 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds Where was disease contracted,
	(Informant) Characteristics	If not at place of deafh? Former or usual residence
16	(Address)	Week Meek Date of Burial

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question cated thus: CAUSING NEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Civil engincer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease. Examples: Bronchopneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

6046



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.:

St.; .Ward) fif death occurred in a hospital or institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black (Wite the word)	16 DATE OF DEATH (Month) (Day (Year)
OATE OF BIRTH (Month) (Bay* (Year) (If LESS than	that I last sawh here alive on 11 29 1919 and that desth occurred on the date stated shove, at 10, P,
25 yrs. 7 mos. ds. or mln.?	The CAUSE Of DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER DAVID, WOOD 11 BIRTHPLACE OF FATHER (State or country) Marion Station (State or country) Marion Station (State or country)	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ROVE IS TRUETO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of deathyrsmosds. Stateyrs,mos
(Informati) (Address) (Address)	Former or usual residence
Filed 6/5 -, 1914 J. J. adums	20 UNDERTAKER ADDRESS MININ



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



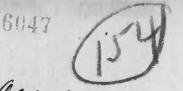
S. No. 1.

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RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE

PHYSICIANS should state of OCCUPATION IS very EXACTLY. properly classified. AGE See instructions on back of DEATH in plain of Information CAUSE OF important. 'n

County Sources & Princes alphone



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 266

S	t.;	W	ard)	
			•	

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

hud

² FULL NAME Segues of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male 4 GOLOR OR RACE 5 SINGLE, Married Whole widowed, or Divorced (Write the word)	18 DATE OF DEATH June / 5 , 191 4 (Month) (Day (Year)			
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from May 5 3 1914 to June (8 1914, that I last saw h wally on June (8 1914)			
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at			
(a) Trade, profession, or Returned Rake Captain particular kind of work	Serility			
(b) General nature of Industry, business, or establishment in which amployed (or ampioyar)	(Duration) yrs mos ds.			
State or country) Detroit Nuch	Contributory Secondary (Duration) yrs.g. mos. ds.			
TATHER OLU Seques 11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14	(Signed) Cury M. Reufoford M. D. Deere (S., 191 & (Address) Printer on in John for Young			
a marguerita ruera.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) , whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,			
(Informant) Mus John Robers	It not at place of death? Former or usual residence.			
Filed 415 1914 Philh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS			
REGISTRAR	OD Walson Thurs lung			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 7 1914
BUREAU, V.S.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

properly classified. AGE should be

carefully supplied. certificate.

N. B.—Every item of information should be c CAUSE OF DEATH in plain terms, so important. See instructions on back of

No. 1. υż 7

PLACE OF DEATH 6048
County Somerset
Village or City Confeel District
FULL NAME ALMANM

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

...Ward)

[If death occurred in a hospital or institution, give its NAME instead

	2FULL NAME Munumed	Sto mer	or street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 8	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month)	(Day , 1914 (Year)
6 D	PATE OF BIRTH (Month) (Day (Year)	that I isst sew here silve on	1 attended deceased from , 191, 191/
7 A		snd that desth occurred on the date state The CAUSE OF DEATH* was as follows:	
(a	CCUPATION 1) Trade, protession, or Articular kind of work	Profuellin	
bu: wh) General nature of industry, siness, or establishment in lich employed (or employer)	(Duration)	
9 B	(State or country)	Secondary	
TS	10 NAME OF FATHER LEWY & Somewal 11 BIRTHPLACE	(Signed) / FRea	of M. D.
ARENTS	OF FATHER (State or country) Somerset Cod () 12 MAIDEN NAME () () () () ()	*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; E TAL, SUICIDAL, OF HOMICIDAL.	and (2) whether Acciden-
0	13 BIRTHPLACE OF MOTHER (State or country) So merset Cos	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State	s, Institutions, Transients, yrs, ds
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.	
15	(Address). Consfield	19 PLACE OF BURIAL OR REMOVAL Crisfield	June 30
FI	led June 30, 191 + le. L' levelling. REGISTRAR	20 undertaker I. S. Lawson	ADDRESS Crisfield

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

cated thus: the nature of the business or industry, and therefore an should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be carefully supplied. DEATH in plain terms, so that it may be see instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No
age or City Hebrah (No.	W >	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED.	Karried	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day	(Year) If LESS than 1 day,hrs.	that I last saw here alive on the date stated above, at 10 mm, The CAUSE OF DEATH* was as follows:
Trade, profession, or ricular kind of work. General nature of Industry, iness, or establishment in ch employed (or employer)	L	Contributory Secondary
10 NAME OF FATHER James White 11 BIRTHPLACE OF FATHER (State or country) Habre ab 12 MAIDEN NAME OF MOTHER BETALE & Su	and ((Signed) (Ouration) yrs mos ds. (Signed) (No. 0, 1916) (Address) (No. 0, 1916) (Address) (No. 0, 1916) (No. 0, 19
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWL		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
ed 6/30 ,191 & J. Since		Former or usual residence
	PERSONAL AND STATISTICAL PARTICULAR PERSONAL AND STATISTICAL PARTICULAR AND STATE OF BIRTH (Month) (Day GE (Month) (Day (M	PERSONAL AND STATISTICAL PARTICULARS EX

m ż

v2



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Conaffection need not be stated unless important. which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 7 1914
BURBAU.V.S.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 5050 County Sources (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
TAGE Month Day Year	that I last saw h silva on 191 m, 191 and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Guration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER FOW and I Slesling 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GRAND LIE SAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, or RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(informant)	it not at place of death?————————————————————————————————————
(Address) Angula Mar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

DRESS



[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary fireman, etc. But in many cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) of



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. that it may be See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so Important.

No. 1. 7

N. B.

PLACE OF DEATH	605
County Dominat	nond



STATE OF MARYLAND CERTIFICATE OF DEATH

Ħ		Registration D	ist, No. 267
Vil	lage or City Morroy (No	St.;Ward	[If death occurred in a hospital or institution, give its NAME instead
	FULL NAME mary E.	Lowen	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 s	COLOR OR RACE SINGLE, MARRIED, White White word	16 DATE OF DEATH (Month)	2 9 , 191 4 (Day (Year)
6 DATE OF BIRTH June 24 (Month) (Day (Left)		17 I HEREBY CERTIFY, That 2 7, 1914, to that I last saw harmalive on	1 attended deceased from 29, 1914, 27, 1914
TA	GE 69 yrs mos ds. If LESS than 1 day,hrs. OR min.?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.		Har fail	
wh	iness, or establishment in ich employed (or employer)	Gontributory Secondary (Duration)	yrs mos ds.
	10 NAME OF Sont Brown	(Signed) J. Q. 3, U	yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, Causes, state (1) Means of Injury; TAL, Suicidal, or Homicidal.	or, in deaths from Violent and (2) whether Acciden-
	OF MOTHER Dont Break	18 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State	yrs, mos, ds
	(Informant) E Lownson	Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address) 2 2 C	19 BLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	ed 430 tot 4 J. V. Cellens	20 UNDERTAKER Cedlury	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



V. S.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

.St.;.....Ward)

[if death occurred to a hospital or Institution, give Its NAME Instead

2FULL NAME Many Josephus oull of street and number.				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wiscowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)			
Jaw 28 , 1852 (Month) (Day (Year)	that I last saw h alive on fure 9, 191 #			
7 AGE If LESS than	and that death occurred on the date stated above, at 5 A m,			
62 yrs 4 mos 12 ds. OR min.?	The CAUSE OF DEATH* was as follows:			
6 OCCUPATION (a) Trade, profession, or particular kind of work	y pristro			
(b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Ouration) yrs mos ds.			
9 BIRTHPLACE (State or country)	Secondary Avenue of Stomack			
10 NAME OF John B Bell	(Signed) Singe Coulouse, M. D.			
11 BIRTHECACE OF FATHER (State or country) Somuel of Mal	*State the DISEASE CAUSING DEATH OF In deaths from VIOLENT			
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) American State	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) Af place In the of death yrs, mos ds. State yrs, mos ds			
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?			
(Couress) / Mission	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed 6/11 1914 7 I Cedams	20 UNDERTAKER ADDRESS			
REGISTRAR	audian Mana			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritoniaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal scptichaceause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

No. 1.

V.S.

m.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information CAUSE OF DEATH in plai important, See Instructions 1 PLACE OF DEATH

6053

STATE OF MARYLAND

Village or City/ur Wistons (No	CERTIFICATE OF DEATH Registration Dist. No. 26.0	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 [HEREBY GERTIFY, That I attended deceased from	
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw has alive on	
7 AGE 6 4 yrs 5 mos 22 ds OR min.?	and that death occurred on the date stated above, at 500 m. The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) 2 yrs mos ds. Gontributory Classic Negliantity Secondary (Ouration) yrs mos ds.	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-	
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death	
(Informant) Section 14 to the Best of My Knowledge	It not at place of death? Former or usual residence	
(Address)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OF 15 1914 20 UNDERTAKER APDRESS	

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specition is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valentar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligthre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease cansing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should state of OCCUPATION is very RECORD stated EXACTLY. Exact statement PERMANENT UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH Item of information CAUSE OF Important.

6054 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No. 268
VII	2FULL NAME Vanneless An	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 \$	4 COLOR OR RACE Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year)
Month) (Day (Year)		17 I HEREBY CERTIFY, That I attended deceased from 1914, to June 1914, that I last saw hill allys on June 1915.
7 A	GE If LESS than f day,hrs. ORmin,?	and that death occurred on the date stated above, at
(a) pa (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishmenf in ch employed (or employer) IRTHPLACE (State or country)	(Buration) yrs mos ds. Contributory Secondary
ENTS	10 NAME OF STATHER GEORGE 6. Webster 11 BIRTHPLACE OF FATHER (State or country) Md'	(Signed)
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) Af place in the of death
	(Informant) Learner Bogna (Address) Learner B	Where was disease contracted, If not at place of death? Former or USUAI residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LULL F. 191 4.
Filed find 11. 1914 Les Jan Former		20 UNDERTAKER

N. B.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertaized as the ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report



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PHYSICIANS should state of OCCUPATION Is very RECORD properly classifled. Exact statement PERMANENT stated EXACTLY. 4 should be -THIS IS AGE UNFADING INK of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. PLAINLY, WITH Every item of information CAUSE OF DEATH in pial important. See instructions WRITE

6055 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Charup (No. , St.; Ward) **FULL NAME* **FULL NAME* **Registration Dist. No. // (0) [If death occurred a hospital or institution give its NAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
3 se	Calared Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH James 20 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from	
6 D#	ATE OF BIRTH Caril 9, 1890. (Month) (Day (Year)	May 24, 1914, to June 19 1914, that I last saw half alive on June 19, 1914	
(a) par (b) busi which	yrs. 2 mos. ds. or	and that death occurred on the date stated above, at 12.50 k.m The CAUSE OF DEATH* was as follows: Dist. In again and alternation On time September (Duration) (Duration) Yrs. Mos. 26. ds. Contributory Secondary	
PARENTS	10 NAME OF Edward Maddax 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Jales Tueby , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
14 _T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death	
File	ed 6/20 1914 M. Mil	30 UNDERTAKER ADDRESS	

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dnties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Parmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

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